

116TH CONGRESS  
1ST SESSION

# H. R. 3117

To amend the Child Nutrition Act of 1966 to establish a grant program to provide grants to local agencies and clinics to improve the health of mothers and infants, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 5, 2019

Ms. ADAMS (for herself, Ms. UNDERWOOD, and Mr. SCOTT of Virginia) introduced the following bill; which was referred to the Committee on Education and Labor

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# A BILL

To amend the Child Nutrition Act of 1966 to establish a grant program to provide grants to local agencies and clinics to improve the health of mothers and infants, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Community Access,  
5       Resources, and Education for Families Act” or the  
6       “CARE for Families Act”.

1   **SEC. 2. FUNDS FOR COMMUNITY HEALTH PARTNERSHIP**

2                   **OUTREACH.**

3       Section 17(h) of the Child Nutrition Act of 1966 (42  
4   U.S.C. 1786(h)) is amended by adding at the end the fol-  
5 lowing:

6                 “(15) COMMUNITY HEALTH PARTNERSHIPS  
7                   GRANTS.—

8                 “(A) PROGRAM ESTABLISHED.—Not later  
9                 than 1 year after the date of the enactment of  
10               this paragraph, the Secretary shall carry out a  
11               grant program to make grants to local agencies  
12               and clinics to carry out activities to enhance  
13               collaboration between—

14                 “(i) such local agencies and clinics  
15                 and community health partners, including  
16                 other health care providers, social services  
17                 programs, and early childhood learning  
18                 and care providers, for the purposes of—

19                 “(I) establishing linkages be-  
20                 tween such entities, such as through  
21                 participation in community coalitions;

22                 “(II) facilitating referrals be-  
23                 tween such entities;

24                 “(III) implementing evidence-  
25                 based strategies to improve the health  
26                 of communities, conduct outreach to

1                   eligible participants, and promote  
2                   breastfeeding and access to healthy  
3                   foods; and

4                   “(IV) increasing awareness  
5                   among such entities and program par-  
6                   ticipants (including potential program  
7                   participants) of the eligibility require-  
8                   ments for, and health benefits of, the  
9                   program; and

10                  “(ii) such local agencies and clinics  
11                  and other health care providers, including  
12                  pediatricians, obstetricians-gynecologists,  
13                  family physicians, advance practice nurses,  
14                  nurse midwives, community health centers,  
15                  health departments, hospitals, and rural  
16                  health clinics, for the purposes of—

17                  “(I) facilitating and improving  
18                  access to comprehensive prenatal,  
19                  postnatal, and postpartum care for  
20                  program participants;

21                  “(II) facilitating certification of  
22                  eligibility of persons for participation  
23                  in the program and provision of pro-  
24                  gram benefits at the hospital bedside

1                   for eligible postpartum women and in-  
2                   fants;

3                   “(III) improving the coordina-  
4                   tion, quality, and cost effectiveness of  
5                   health care services;

6                   “(IV) improving the sharing of  
7                   information necessary to establish nu-  
8                   tritional risk under subsection (b)(8);  
9                   and

10                  “(V) ensuring consistent nutri-  
11                  tion education and breastfeeding mes-  
12                  sages are provided to program partici-  
13                  pants.

14                  “(B) APPLICATION.—To be eligible to re-  
15                  ceive a grant under this paragraph, a local  
16                  agency or clinic shall submit an application to  
17                  the Secretary at such time, in such manner,  
18                  and containing such information as the Sec-  
19                  retary may require.

20                  “(C) AUTHORIZATION OF APPROPRIA-  
21                  TIONS.—

22                  “(i) IN GENERAL.—From amounts  
23                  appropriated under subsection (g),  
24                  \$15,000,000 may be made available to

1           carry out this paragraph for each of fiscal  
2           years 2020 through 2025.

3                 “(ii) ADJUSTMENT.—The amount  
4                 specified in clause (i) shall be adjusted an-  
5                 nually for inflation by the same factor used  
6                 to determine the national average per par-  
7                 ticipant grant for nutrition services and  
8                 administration for the fiscal year under  
9                 paragraph (1)(B).

10                 “(D) DEFINITIONS.—In this paragraph:

11                     “(i) PROGRAM.—The term ‘program’  
12                 means the special supplemental nutrition  
13                 program under this section.

14                     “(ii) PROGRAM PARTICIPANT.—The  
15                 term ‘program participant’ means a partic-  
16                 ipant in the special supplemental nutrition  
17                 program under this section.”.

